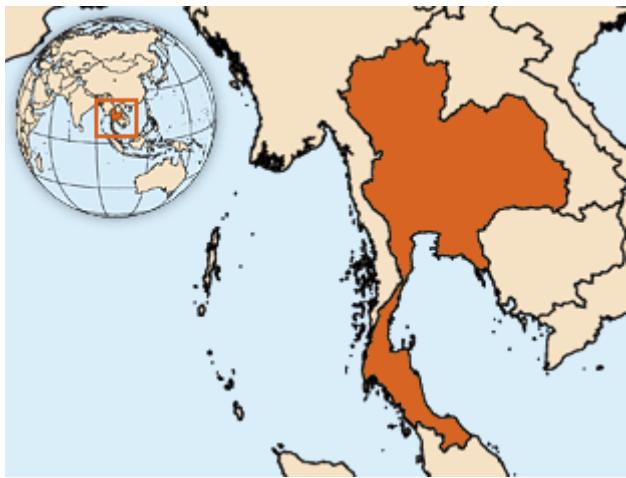


## Thailand



<http://www.who.int/countries/en/>

WHO region	South-East Asia
World Bank income group	Upper-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2012)	12.3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	99
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	78.0 (Female) 71.9 (Male) 74.9 (Both sexes)
Population (in thousands) total (2015)	67959.4
% Population under 15 (2015)	17.7
% Population over 60 (2015)	15.8
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	0.4
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	76
Human Development Index rank (2014)	93
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	4.12
Private expenditure on health as a percentage of total expenditure on health (2014)	22.17
General government expenditure on health as a percentage of total government expenditure (2014)	13.28
Physicians density (per 1000 population) (2015)	0.47
Nursing and midwifery personnel density (per 1000 population) (2015)	2.294
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	7.3 [3.9-12.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	12.2 [7.4-20.3]
Maternal mortality ratio (per 100 000 live births) (2015)	20 [ 14 - 32]
Births attended by skilled health personnel (%) (2012)	99.6
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) ()	

### HEALTH SITUATION

Over the past years, Thailand has seen a steady decrease in its mortality trends and an increase in per capita GDP. It has impressive achievements in economic and social development, with successful introduction of universal health care for Thai citizens in 2002. It has vibrant primary health care, innovative health system development and a progressive health promotion programme, leveraging alcohol and tobacco tax to finance health promotion. Quality and universal security for all Thais is a main goal of the 20-year National Public Health Policy. Health development planning has been aligned with the United Nations Sustainable Development Goals. Thailand was one of the first countries to ratify the Framework Convention on Tobacco Control (FCTC) and is also compliant with IHR 2005.

An estimated 2.4 million migrants live in Thailand. They have higher disease burden and remain more vulnerable to public health hazards. Many migrants work in the informal sector and most are not covered by UHC or social security schemes and new initiatives including the Migrant Insurance Scheme will improve the situation.

The major burden of mortality and morbidity in Thailand is noncommunicable diseases while there are still challenges regarding communicable diseases especially Artemisinin resistant malaria as well as TB and road traffic deaths and injuries.

### HEALTH POLICIES AND SYSTEMS

The National Economic and Social Development Plan and the 20-year National Public Health Policy guide health planning and implementation and are aligned with the United Nations Sustainable Development Goals.

There are still challenges in efforts to strengthen disease prevention and health promotion, ensure adequate and high quality primary care, address some allocative inefficiency, and extend health care to migrants.

Antimicrobial resistance, migrant health, noncommunicable diseases, and road safety will receive priority attention in the Country Cooperation Strategy 2016-2021. Other health challenges being addressed are health impact of climate change, environmental health (air quality, chemical safety including asbestos, lead, mercury and pesticide exposure), TB control, malaria control (including containment of artemisinin resistant malaria), HIV prevention and care (including harm reduction), teenage pregnancy and preventing unsafe abortions.

### COOPERATION FOR HEALTH

The 2017-2021 Country Cooperation Strategy will be implemented by the Ministry of Public Health of the Royal Thai Government, national collaborating bodies and the World Health Organization.

A multi-layered participatory Country Cooperation Strategy governance structure, together with a focus on priority areas, will ensure coherence and cost effectiveness. Over seventy organizations, governmental and non-governmental, have defined roles in the planning and execution of the CCS. These bodies, with the Royal Thai Government and WHO, form a tripartite leadership and implementation structure. The CCS is aligned with national health policies, strategies and plans, the Sustainable Development Goals, the UN Partnership Assistance Framework (UNPAF), the WHO Programme of Work, and the SEARO Regional Director's Flagship Areas.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<b>STRATEGIC PRIORITY 1:</b> Antimicrobial resistance	<ul style="list-style-type: none"> <li>Strengthen individual and institutional capacities, including capacity to generate evidence for effective NSP-AMR implementation</li> <li>Identify and disseminate evidence to relevant NSP-AMR implementing agencies for effective implementation</li> <li>Strengthen existing M&amp;E platforms and develop other essential implementation platforms where needed</li> </ul>
<b>STRATEGIC PRIORITY 2:</b> Global Health Diplomacy (including International Trade and Health)	<ul style="list-style-type: none"> <li>Effectively manage the major challenges in global health which affect health of the population</li> <li>Develop evidence-based policy and trade negotiation processes towards coherent trade and health policies for positive health outcomes</li> </ul>
<b>STRATEGIC PRIORITY 3:</b> Migrant Health	<ul style="list-style-type: none"> <li>Identify and/or generate strategic information on border and migrant health to facilitate/advocate for evidence-based policy recommendations</li> <li>Strengthen individual and institutional capacities, as well as domestic and international partnerships for border and migrant health</li> <li>Further define and expand/improve access to health services for vulnerable border and migrant populations</li> </ul>
<b>STRATEGIC PRIORITY 4:</b> Noncommunicable Diseases	<ul style="list-style-type: none"> <li>Tobacco control</li> <li>Early detection, prevention and control of cardiovascular disease (hypertension and diabetes)</li> <li>Reduce childhood obesity</li> </ul>
<b>STRATEGIC PRIORITY 5:</b> Road Safety	<ul style="list-style-type: none"> <li>Strengthen road safety management and coordination</li> <li>Improve national traffic data system</li> <li>Improve legislation and enforcement</li> </ul>

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